

## 032-05-009/4 (Revised: 9/02)

## I. GENERAL INFORMATION

- A. Name of individual, partnership, corporation, limited liability company, unincorporated association or public agency applying for the license:

\_\_\_\_\_

- B. The applicant is:      An individual \_\_\_\_\_      A partnership \_\_\_\_\_      A corporation \_\_\_\_\_  
    A limited liability company \_\_\_\_\_      An unincorporated association \_\_\_\_\_      A public agency \_\_\_\_\_

- C. When the applicant is an individual, list the names and addresses of (1) two people who are not related to the applicant who can certify to his/her character and reputation, (2) any current employer and (3) all previous employers within the last five years: *(Attach additional pages if necessary.)*

NAMES	ADDRESSES
Personal Reference	
Personal Reference	
Current Employer	
Previous Employer	

- D. When the applicant is a partnership, corporation, limited liability company, unincorporated association or public agency, list the names and addresses of the following persons as applicable: *(Attach additional pages if necessary.)*
- When the applicant is a partnership, (1) all the General Partners and (2) any agent who has direct involvement with management of the assisted living facility. Indicate who are General Partners and who are agents.
  - When the applicant is a corporation, (1) the officers of the corporation, including the president, senior vice-presidents, secretary, treasurer and (2) any other officer or agent who has direct involvement with management of the assisted living facility. Specify the office or position held by each person on the list.
  - When the applicant is a limited liability company, (1) all the members and each manager and (2) any agent who has direct involvement with management of the assisted living facility. Specify for each person whether he/she is a member, manager or agent.
  - When the applicant is an unincorporated association, (1) the officers of the board/association and (2) any agent who has direct involvement with management of the assisted living facility. Specify the office or position held by each person on the list.
  - When the applicant is a public agency, (1) the person responsible for the overall operation of the agency and (2) any agency personnel or agent who has direct involvement with management of the assisted living facility. Specify the position held by each person on the list.

NAMES	ADDRESSES	OFFICES/POSITIONS

*(Over)*

E. For each person listed as required on Part I.D, provide the names and addresses of three people not related to the person who can certify to his/her character and reputation. (Exception: For a public agency, no references are needed.) List the three references under the name of the person: *(Attach additional pages if necessary.)*

Name of Person:	
References	Addresses

Name of Person:	
References	Addresses

Name of Person:	
References	Addresses

Name of Person:	
References	Addresses

Name of Person:	
References	Addresses

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F. Bank reference for the applicant:

Name and address of financial institution: \_\_\_\_\_  
\_\_\_\_\_

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## G. Administration of the assisted living facility:

1. Name of person who will be the administrator: \_\_\_\_\_
  2. Name of person who will be the designated assistant administrator, if any: \_\_\_\_\_
- 

## H. If the applicant is now licensed, or has been licensed in the past five years, to operate any kind of facility for children or adults in any state, give the name and address of the facility and the name and address of the licensing agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## I. Number of persons now residing in the facility:

- |   |       |
|---|-------|
| 1. Aged, infirm or disabled residents in care | _____ |
| 2. Family members                             | _____ |
| 3. Employees                                  | _____ |
| 4. Others ( <i>specify roles</i> )            | _____ |
| 5. TOTAL                                      | ===== |
- 

Directions to the assisted living facility: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## II. LICENSURE AND PROGRAM INFORMATION

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A. Maximum number of residents license requested for: \_\_\_\_\_

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B. Number of buildings license requested for: \_\_\_\_\_

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C. Request for licensure level: (*check applicable level*)

\_\_\_\_\_ I request licensure for residential living care only.

\_\_\_\_\_ I request licensure for both residential living care and assisted living care.

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(Over)

D. Do you expect to provide intensive assisted living services (i.e., provide care for residents who are dependent in four or more activities of daily living (ADLs), or two or more ADLs and dependent or semi-dependent in behavior and orientation, or semi-dependent in two or more ADLs and dependent in behavior and orientation)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

E. Do you expect to provide care for residents who:

are nonambulatory?	Yes _____	No _____
have mental illness or mental retardation or who are substance abusers?	Yes _____	No _____
have a history of aggressive behavior?	Yes _____	No _____
need the use of restraints?	Yes _____	No _____
have a serious cognitive impairment and cannot recognize danger or protect their own safety and welfare?	Yes _____	No _____

F. Describe the purpose of the assisted living facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. How do you plan to train staff to provide care to residents? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NAME OF FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

[illegible]

(Over)

### Staff Information Sheet (Continued)

[illegible]

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**IV. BALANCE SHEET**


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*(See Attachment A for instructions on completing this form.)*

**DATE:** \_\_\_\_\_

**NAME OF ASSISTED LIVING FACILITY:** \_\_\_\_\_

**ASSETS**

**CURRENT ASSETS:**

Cash	\$ _____
Monetary Investments	_____
Negotiable Securities	_____
Accounts Receivable	_____
Notes Receivable	_____
Other <i>(Specify)</i>	_____

**Total Current Assets** \$ 

**LONG-TERM ASSETS:**

Notes Receivable	\$ _____
Land	_____
Buildings	\$ _____
Less: Accumulated Depreciation	_____
Current Value	_____
Office Equipment	_____
Less: Accumulated Depreciation	_____
Current Value	_____
Furniture and Fixtures	_____
Less: Accumulated Depreciation	_____
Current Value	_____
Vehicles	_____
Less: Accumulated Depreciation	_____
Current Value	_____
Other <i>(Specify)</i>	_____

**Total Long-Term Assets** \$ 

**TOTAL ASSETS:** \$ 

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*(Over)*



**BALANCE SHEET CONTINUED**

**LIABILITIES**

**CURRENT LIABILITIES:**


Accounts Payable	\$ _____
Notes Payable	_____
Other ( <i>Specify</i> )	_____

<b>Total Current Liabilities</b>	<b>\$</b> 
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**LONG-TERM LIABILITIES:**

Mortgage Payable	\$ _____
Notes Payable	_____
Other ( <i>Specify</i> )	_____

<b>Total Long-Term Liabilities</b>	<b>\$</b> 
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<b>TOTAL LIABILITIES:</b>	<b>\$</b> 
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**OWNER’S EQUITY**

Owner’s Equity	\$ 
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**TOTAL LIABILITIES AND OWNER’S EQUITY**

Total Liabilities and Owner’s Equity	\$ 
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V. PLAN FOR FINANCING THE FIRST YEAR OF OPERATION

(See Attachment B for instructions on completing this form.)

DATE: \_\_\_\_\_

NAME OF ASSISTED LIVING FACILITY: \_\_\_\_\_

Number of residents on which anticipated revenue and expenses are based: \_\_\_\_\_

Anticipated Revenue:

Fees for Residents in Care \$ \_\_\_\_\_  
Endowment(s)/Trust Fund(s) \_\_\_\_\_  
Income from Investments \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

TOTAL REVENUE: \$ \_\_\_\_\_

Anticipated Expenses:

Food \$ \_\_\_\_\_  
Salaries and Wages \_\_\_\_\_  
Employee Benefits \_\_\_\_\_  
Payroll Taxes \_\_\_\_\_  
Office Expenses \_\_\_\_\_  
Utilities \_\_\_\_\_  
Maintenance and Repairs \_\_\_\_\_  
Equipment \_\_\_\_\_  
Rent and Mortgage \_\_\_\_\_  
Other Taxes \_\_\_\_\_  
Laundry and Linens \_\_\_\_\_  
Motor Vehicle(s) \_\_\_\_\_  
Interest and Insurance \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

BANK REFERENCE AUTHORIZATION

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_  
(Address of Bank)

To Whom It May Concern:

Please provide the Virginia Department of Social Services with information about my account(s) as requested in its letter.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Account Number(s)

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**VI. ADDITIONAL MATERIAL TO BE INCLUDED AS PART OF THE APPLICATION**

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- A. The appropriate fee for application processing.
- B. A copy of all forms to be used by the assisted living facility, if different from the model forms provided by the Department of Social Services.
- C. A copy of the Certificate of Occupancy to indicate compliance with the applicable building code.
- D. A sketch or blueprint of the floor plan of the entire building(s), including the exact floor and window measurements and ceiling height of residents' bedrooms. Measure the floor from baseboard to baseboard; show measurements of any built-in closets and chimneys that protrude into the rooms. Measure only the glass area of the window, not the window frames. Also include the number of toilets, washbasins, bathtubs and showers in the bathrooms.
- E. The rules, requirements and policies of the assisted living facility.
- F. Sample menus for a two-week period.
- G. Sample monthly activity schedule.
- H. If a partnership is applying for the license, proof of filing certified by the State Corporation Commission (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement.
- I. If a corporation is applying for the license, a copy of the Certificate of Incorporation issued by the State Corporation Commission (when incorporated in Virginia) or the Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission (when incorporated outside Virginia).
- J. If a limited liability company is applying for the license, a copy of the Certificate of Organization issued by the State Corporation Commission.
- K. If an unincorporated association is applying for the license, a copy of the constitution, by-laws or other document providing evidence of association.
- L. A program description, including the characteristics of the population to be served, the program components and the services to be provided.
- M. A statement or chart regarding sponsorship of the assisted living facility and organization of the management staff, with information showing who is responsible for policy, operation and management decisions.

ATTACHMENT A

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INSTRUCTIONS FOR COMPLETING THE BALANCE SHEET

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**INTRODUCTION:**

The purpose of the Balance Sheet is to show the financial condition of a business on a particular date. A Balance Sheet consists of a listing of the assets and liabilities of a business and the owner's equity. Assets are further classified as current assets and long-term assets. Liabilities are further classified as current and long-term liabilities. This form is of primary importance in providing selected information which is necessary to aid in determining financial responsibility as required by Section 63.1-176, Chapter 9, Title 63.1, Code of Virginia.

**ASSETS**

**Current Assets:** These are assets that can be converted to cash quickly and are therefore reserved as ready sources of cash to meet immediate requirements in operating the facility. This includes assets that can be converted to cash **within the next twelve months**.

Cash: Enter the total of all forms of cash you have available that will be used to support operation of the facility. Items to be used to compute this value include currency, cash in checking accounts and cash in savings accounts. The amount shown must be available now and available to support operation of the facility.

Monetary Investments: Monetary investments include primarily three items: Certificates of Deposit, Savings Bonds and Treasury Bills or Bonds owned. They must be currently owned by the applicant and identified for immediate use as necessary in operating the facility.

Negotiable Securities: These include stocks, corporate bonds, etc., that are owned by the applicant and are identified for use, if necessary, in operating the facility.

Accounts Receivable: Any monies owed to the applicant that are due within one year and would be used as they materialize, if necessary, in support of facility operations.

Notes Receivable: Any promissory notes held by the applicant that fall due within one year of the date of application and whose proceeds would be used as necessary to operate the facility.

Other: Any other assets that could be converted into cash within the operating year and used for operation of the facility.

**Long-Term Assets:** These are **long-lived or long-term assets** acquired for use in operating the business. Unlike current assets, these assets are not viewed as being readily and quickly convertible to cash.

Notes Receivable: Any promissory notes held by the applicant that fall due more than one year from the date of the Balance Sheet and whose proceeds, when received, would be used as required for the operation of the facility.

Land: The value of all land owned by the facility to include the value of the land on which the buildings which comprise the facility are located. The value of the land entered here should be the price at which the land was purchased rather than current appraised value.

(Over)

Attachment A  
Instructions for Completing the Balance Sheet

**Buildings:** The total value of the buildings that comprise the facility. The value listed should be the price at which the buildings were purchased rather than the current appraised value.

**Accumulated Depreciation – Buildings:** The total value of all depreciation claimed on all buildings as of the date on the Balance Sheet.

**Current Value:** The difference between the total value of the buildings and the accumulated depreciation on the buildings.

**Office Equipment:** The total value of all office equipment owned and used in the operation of the facility. The value listed should be the purchase cost of the machinery.

**Accumulated Depreciation - Office Equipment:** The total value of all depreciation claimed on all office equipment as of the date on the Balance Sheet.

**Current Value:** The difference between the total value of the office equipment and the accumulated depreciation on the office equipment.

**Furniture and Fixtures:** The total value of all furniture and fixtures owned and used in the operation of the facility. The value listed should be the purchase cost of the furniture and fixtures.

**Accumulated Depreciation – Furniture and Fixtures:** The total value of all depreciation claimed on all furniture and fixtures as of the date on the Balance Sheet.

**Current Value:** The difference between the total value of the furniture and fixtures and the accumulated depreciation on the furniture and fixtures.

**Vehicles:** The total value of all vehicles owned and used in the operation of the facility. The value listed should be the purchase cost of the vehicles.

**Accumulated Depreciation – Vehicles:** The total value of all depreciation claimed on all vehicles as of the date on the Balance Sheet.

**Current Value:** The difference between the total value of the vehicles and the accumulated depreciation on the vehicles.

**Other Assets:** Any other long-term or plant and equipment assets owned by and used in support of the facility. Each item must be listed separately. Items of capital equipment that are listed here must also be accompanied by a value of accumulated depreciation and a current value.

**LIABILITIES**

**Current Liabilities:** These are existing liabilities that must be paid **within the next 12 months**.

**Accounts Payable:** The amount entered here should include the sum of the total unpaid salaries and payments of all unpaid bills and financial obligations that fall due within the next 12 months with the exception of mortgage payments and installment loans. Examples include utility bills, unpaid wages to current employees, if any, charge accounts and credit cards.

Attachment A  
Instructions for Completing the Balance Sheet

Notes Payable: This amount should include all payments that must be made within the next 12 months on existing contracts, mortgages and installment loans.

Other: This amount includes any other existing obligation that is due during the next 12 months. It would include payments of obligations that are in arrears such as income taxes, property taxes, insurance or interest payable. Each item must be itemized separately under the heading “Other.”

**Long-Term Liabilities:** These are liabilities that are considered long-term in nature in that they fall due **more than one year from the date of the Balance Sheet.**

Mortgage Payable: This is the total value necessary to liquidate any mortgage on the facility, less the amount reflected as part of notes payable listed as a current liability.

Notes Payable: This is the total value necessary to liquidate all outstanding contracts, installment loans or promissory notes, less the amount due within the next 12 months and reflected as part of notes payable listed as a current liability.

Other: Any other long-term liabilities that are owed and were incurred to support facility operations. Each item must be listed separately.

**OWNER’S EQUITY**

Owner’s Equity: The value entered here reflects the total of investments made by the owner in the facility. If all entries have been properly made regarding assets and liabilities, and accounting records have been properly maintained, this value should equal the difference between Total Assets and Total Liabilities.

**TOTAL LIABILITIES AND OWNER’S EQUITY**

Total Liabilities and Owner’s Equity: This is the amount of Owner’s Equity added to Total Liabilities. This value should equal Total Assets if all entries have been properly made and accounting records have been properly maintained.

ATTACHMENT B

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**INSTRUCTIONS FOR COMPLETING THE  
PLAN FOR FINANCING THE FIRST YEAR OF OPERATION**

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**INTRODUCTION:**

The Plan for Financing the First year of Operation provides financial information regarding anticipated revenue (income) to the assisted living facility as well as anticipated operating expenses for the first year of operation. This form is of primary importance in providing selected information for use in determining financial responsibility as required by Section 63.1-176, Chapter 9, Title 63.1, Code of Virginia. Amounts entered are to be based on valid sources of revenue and a realistic determination of anticipated expenses. The requested information is critical to the evaluation of the facility's capability to operate effectively and meet essential financial obligations during the first year of operation. When completing this form, do not include any revenue or expenses that are not directly associated with operation of the assisted living facility.

**Anticipated Revenue (Income):** This section should reflect anticipated annual income from valid sources to the assisted living facility. It should not include the personal income of the applicant(s) unless this income is to be used for operating the facility. Amounts shown should be as accurate as possible and supported by confirming documentation to the maximum extent feasible.

**Fees for Residents in Care:** The anticipated revenue that will be received each year as fees or payments for resident care should be entered here. It should be based on the rate per resident to be charged by the facility and the number of residents that will actually be in care during the first year of operation. If this number is estimated to be less than the licensed capacity which is being requested on the application, it should be used rather than the licensed capacity in determining the anticipated revenue to be received.

**Endowment(s)/Trust Fund(s):** Enter revenue to be received for the entire year from any endowments or trust funds that currently exist and would provide income to be used to support facility operations.

**Income from Investments:** Annual income to support facility operations that will be provided by any existing investments should be entered here.

**Other (Specify):** Enter the annual amount of income to be received from any other source(s) that will be used to operate the facility. Specify each source and the amount.

**Anticipated Expenses:** This section should reflect the anticipated annual expenses necessary for operation of the assisted living facility. As such, it shows the anticipated annual operating expenses for the first year of operation.

**Food:** The amount to be entered here is the anticipated annual cost of food to be used in the assisted living facility. It includes not only the food required for three meals each day, but the cost of snacks that are required to be available on a daily basis as well. This amount should not include the cost of food that is provided for the staff.

**Salaries and Wages:** The annual cost of salaries and wages for all staff should be entered here.

**Employee Benefits:** Enter the annual cost of employee benefits, for example, health insurance or pension plans.

(Over)



Attachment B  
Instructions for Completing the Plan for  
Financing the First Year of Operation

*Payroll Taxes:* Enter the annual amount for any taxes associated with payroll, for example, Social Security (FICA) or Unemployment.

*Office Expenses:* This entry should show the annual cost of advertising, postage, paper, organizational dues, accounting/bookkeeping services, etc.

*Utilities:* The annual costs of utilities, such as electricity, gas, water and phone should be entered here.

*Maintenance and Repairs:* This entry should reflect the annual cost of all items used to maintain and carry out necessary repairs on the facility. This would include such items as paint, lumber, nails, roofing materials, and grass seed. This also includes contractual service for maintenance and repairs.

*Equipment:* The annual costs for equipment and furniture should be entered here.

*Rent and Mortgage:* The annual rent costs or mortgage payments for facilities should be reflected here. (If the facility is already paid for, there would be no entry under this specific item.)

*Other Taxes:* Enter the annual amount of other taxes that must be paid by the facility, such as property taxes, business license taxes, business income taxes, and real estate taxes (if not included as part of the mortgage payment).

*Laundry and Linens:* This item would reflect the cost of soap, detergents, etc., required for the laundry of table linens, bed linens, etc., used by the facility and the cost, if any, for outside laundry services.

*Motor Vehicle(s):* Include here all expenses related to the maintenance, operation and insurance costs of cars, vans, trucks, etc., owned by the facility and/or used in support of the operation of the facility.

*Interest and Insurance:* The annual cost of all insurance on the physical plant, such as fire and liability insurance, is shown here as well as interest payments on any outstanding debts. (NOTE: Interest already included as part of the mortgage payment is not entered here.)

*Other:* Include the annual cost of any other items of expense not already included. Specify each item of expense included here and the expense amount.